Mutrashmari is one of the contributing factors of diseases. The recurrence rate of Mutrashmari is 3:1. The nature of importance of Srotas is one of the contributing factors of diseases. Srotas are made up of different Dhatus. Hence whenever there is deformity or vitiation of Dhatu, generally there is deformity and vitiation on Srotas also. Sthanasamsraya is the stage of Samprapti where Dosas get lodged in Srotas and start the process of amalgamation with Dhatu or Mala (Dushya).

**Mutrashmari**

This disease is classified on the basis of signs and symptoms as well as morphology of Ashmari that are formed in different part of Mutravaha Srotas. Tridoshaja Vyadh, Kapha Doshas takes important part in hardening the Ashmari and Vata, Pitta dries up the Mutra along with Kapha.

<table>
<thead>
<tr>
<th>Sanchaya</th>
<th>Vaata Kapha Aahaaraja &amp; Vihhaaraja</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prakopa</td>
<td>Vaata+Kapha vitiation</td>
</tr>
<tr>
<td></td>
<td>Agnimaandya</td>
</tr>
<tr>
<td></td>
<td>Aamotpatti</td>
</tr>
<tr>
<td>Prasara</td>
<td>Vaata+Kapha+Aama</td>
</tr>
<tr>
<td></td>
<td>Enters into Mutravaha Srotas</td>
</tr>
<tr>
<td>Sthanasamsraya</td>
<td>Dosa Dushya Samoorchana</td>
</tr>
<tr>
<td>Vyaktha</td>
<td>Ashmari Nirmana</td>
</tr>
<tr>
<td>Bedha</td>
<td>Upadrava</td>
</tr>
<tr>
<td></td>
<td>Mutra Sharkara</td>
</tr>
<tr>
<td></td>
<td>Sikatameha</td>
</tr>
</tbody>
</table>

**Classification of Ashmari**

1. Kaphaja
2. Vataja
3. Pittaja
4. Shukrashmari

**Kaphaja Ashmari Samprapti**

The Ashmari originated through the Prakupita Kapha saturated with excessive quantity of the Doshas by the constant use of Kaphakara Aahara Vihara increases in the size of Basti Mukha and ultimately obstructs the passage of urine.

**ABSTRACT**

Mutrashmari is one of the common disease of the Mutravaha Srotas. The Mahagadas are difficult to cure due to their Ashraya in Marna Sthana and Involvement of Bahudoshas etc. Susrutha and Vagbhata considered Ashmari as one among the Asta Mahagada. The classical Lakshana of Mutrashmari is Vedana with Sanga of Mutra along with vitiated Dosa in Mutravaha Srotas. Acharya Susrutha has explained four types of Mutrashmari with sequential arrangement like Kaphaja (Kidney Stones), Vataja (Ureteric Stones), Pittaja (Vesicle Stones) and Shukraja. This disease is classified on the basis of signs and symptoms of involved Dosa like Kaphaja (Dull ache), Vaataja (Severe pain), Pittaja (Burning type of pain) in different part of Mutravaha Srotas. According to contemporary science also the classification of calculus depends on mainly signs and symptoms. Intension of this paper is to highlight the concept of clinical understanding the sequence of Mutrashmari (Urinary Calculus) classification as per Susrutha with different case presentations.

**KEYWORDS: Mutravaha Srotas, Mahagada, Lakshana, Dosa, Urinary Calculus.**

**INTRODUCTION**

Mutra means urine and Ashmari means stone. Mutrashmari means formation of Ashmari in Mutravaha Srotas. Susrutha Acharya has explained Ashmari is a Mahagada; So It is not easily curable. In the present era, persons are going away from the nature and inviting many diseases in the early stage of their life due to disturbed lifestyle and Ashmari is one of them. The highest incidence of Calculi occurs between the age of 30 to 50 years, Male are more sufferers than female. The male and female ratio is 3:1. The recurrence rate of Ashmari approximately 50% within 5 years.

**Mutravahasrotas**

**Sites of origin**

According to Susrutha: Urinary bladder and Penis

According to Charaka: Urinary bladder and Groin

Organs: Kidneys, Ureters, Bladder, Prostate in males, and Urethra

Symptoms of vitiation: Voiding of too much of urine or complete suppression of urine, impairment of composition of urine, occasional or frequent passing of thick urine associated with pain.

The nature of importance of Srotas: The pathology of Srotas is one of the contributing factors of diseases. Srotas are made up of different Dhatus. Hence whenever there is deformity or vitiation of Dhatu, generally there is deformity and vitiation on Srotas also. Sthanasamsraya is the stage of Samprapti where Dosas get lodged in Srotas and start the process of amalgamation with Dhatu or Mala (Dushya).

**Mutracvasamprapti**

This disease is classified on the basis of signs and symptoms as well as morphology of Ashmari that are
Why Fixed Renal Pain Occurs in Kaphajaashmari (Renal Calculus)

Renal pain occurs when the stone is situated in kidney, Tuberculosis of kidney and in acute Pyelonephritis. It is the constant fixed dull ache felt at renal angle posteriorly (angle formed between outer border of erector spinae muscle and lower border of 12th rib). The pain may also spread along subcostal area towards the umbilicus (corresponding hypochondriac region anteriorly). The patient typically describes renal pain by putting his hand on waist. Spread his four fingers back to cover renal angle and pointing his thumb towards umbilicus. Renal pain occurs due to distension of renal capsule and renal pelvis.

Case-1
Patient (29/F, housewife). One day suddenly she noticed dull, pricking and fixed pain in Abdomen - left flank region anteriorly and left renal angle posteriorly.

O/E: Tenderness present in left hypochondria and lumbar region

Kaphaja Ashmari\(^8\)

<table>
<thead>
<tr>
<th>Kaphaja Ashmari quite bigger in size therefore pricking, pulling type of dull ache.</th>
<th>Kidney Stones(^9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal pain occurs when stone is in kidney. It is fixed pain not radiating. Patient typically describes renal pain by putting his hand on waist.</td>
<td></td>
</tr>
</tbody>
</table>

Rupa: Constant, dull, fixed and pricking type of pain
Diagnosis: Kaphaja Ashmari (Renal Calculus)
USG Abdomen Impression: Left Renal Calculus

Case-2
Patient (29/M, Clerk). One day suddenly he noticed dull and fixed pain in Abdomen – B/L flank region anteriorly and B/L renal angle posteriorly.

Rupa: Constant, dull, fixed and pricking type of pain.
Diagnosis: Kaphaja Ashmari (Renal Calculus)
USG Abdomen Impression: Bilateral Renal Calculi

Vataja Ashmari Samprapti

The Prakupita Kapha in ordinate saturated with Vata Dosha acquires Sanghata and Parivriddhi and these lies at Basti Shira and obstructs the passage of urine\(^10\).

Table 2: Kaphajaashmari-Kidney Stone

<table>
<thead>
<tr>
<th>Vataja Ashmari(^11)</th>
<th>Ureteric Stone(^12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>While migrating from one place to other the spiky stones cause injury and sometimes get obstructed in the urinary passage. Pain is radiating from Nabhi, Basthi, Sevani, &amp; Mehana</td>
<td>The pain occurs typically at loin and radiates to groin. When the stone descents to lower ureter pain radiates to the testicle (male), labia majora (female) and upper portion of the inner part of thigh.</td>
</tr>
<tr>
<td>The patient with pain passes urine drop by drop with straining</td>
<td>Strangury means passing of urine drop by drop with painful straining</td>
</tr>
</tbody>
</table>

Why Radiating Pain Occurs in Vataja Ashmari (Ureteric Calculus)

Ureter has 3 constrictions
1. Uretro pelvic junction
2. When it crosses external iliac vessel
3. Vesico-ureteric junction

- When the stone is descending from kidney in to the ureter pain is severe because, the diameter of renal pelvis is 1 cm and the ureter is 2 to 3 mm in some condition the abrupt narrowing of the ureter causes stagnation of the stone.
- When a stone is enters into ureter or obstructed in ureter (constrictions), ureteric pain occurs. The pain is very severe and colicky; it is caused due to hyper peristalsis and violent contraction of smooth muscles of ureter.
- The referred pain occurs due to common innervations of upper ureter and testis, and lower ureter and inner side of upper part of thigh.

Case-3
Patient (35/M, farmer). One day suddenly he noticed severe colicky pain in right lumbar region. Micturition is normal.

Rupa: Teevra Vedana near Nabhi Pradesha
Diagnosis: Vaataja Ashmari (Upper Ureteric Calculus)
USG Abdomen Impression: Right Upper Ureteric Calculus

Case-4
- Patient (34/M, business), One day suddenly he noticed severe radiating pain from right lumbar region to supra-pubic region.
- O/E Tenderness present in umbilical region

Roopa: Teevra Vedana in near to Nabhi Pradesha and Mehana
Diagnosis: Vaataja Ashmari (Lower Ureteric Calculus)
USG Abdomen Impression: Right Lower Ureteric Calculus (At level of iliac vessel crossing).

Case-5
- Patient (45/F, Housewife). One day suddenly She noticed severe radiating pain from right lumbar region to thigh and labia majora.
- O/E Tenderness present in hypo-gastric region

Roopa: Teevra Vedana in near to Nabhi Pradesha and Genito Urinary region.

Table 3: Vataja Ashmari-Ureteric Stone

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</tbody>
</table>

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Diagnosis: Vaataja Ashmari (UV Junction Calculus)

USG Abdomen Impression: Right Ureter-Vesicle Junction Calculus.

Table 4: Pittajaashmari-Vesicle Stone

<table>
<thead>
<tr>
<th>Pittaja Ashmari14</th>
<th>Vesicle Stone15</th>
</tr>
</thead>
<tbody>
<tr>
<td>When Pitta is associated with Kapha-Pittaja Ashmari is formed and obstruct the urinary passage. Due to this burning and sucking type of pain in Basti region.</td>
<td>Burning and sucking type of pain occurs. When the stone approaches the bladder and symptoms of vesicle irritability are observed. Stone impacting very near the bladder can exactly mimic and acute cystitis. This is caused by abrasion of vesicle</td>
</tr>
</tbody>
</table>

Case-6

- Patient (54/M, Farmer) was asymptomatic 1 month ago. One day he noticed sucking type of pain and burning sensation in supra-pubic region.

Roopa: Daaha in Basti region- below umbilical region
Diagnosis: Pittaja Ashmari (Vesicle Calculus)

USG Abdomen Impression: 8mm Calculi in urinary bladder.

Shukrashmari

The stone formed in Seminal Vesicle. After the formation of Semen if Sukra Vega is suppressed, instead of expelling out it gets Vimaragamana and lodged in between Vrushana and Medra. At this stage Vata dries up the Sukra and stone is formed16. There is pain in Suprapubic region, difficulty in micturition and swelling in scrotum. When Shukra is expelled out the Ashmari is relieved.

DISCUSSION

It is a Tridoshaya Vyadhi, Kapha Dosha takes important part in hardening the Ashmari and Vata, Pitta dries up the Mutra along with Kapha in Mutravaha Srotas. Variation in structure and function of kidney, ureter and bladder the symptoms of Ashmari vary in its presentation. The sequence that was being followed by Sushruta for the classification of Ashmari types is Kaphaja, Vataja and Pittaja, which is very much similar symptomatically or clinically with the modern science. Kapahaja, Vataja and Pittaja Ashmari symptoms which are being explained above proves similarities with Ashmari in kidney, ureter and urinary bladder respectively. Depending on Lakshanas of Ashmari, stone present in the Kidney may not have severe pain; however there may be dull, constant ache (Dhalyate, Visiriyathe, Suchibiriva etc.) fixed to renal angle (Kaphaja Ashmari-Renal Calculus). Stone starts descending from Kidney to ureter, due to its narrow passage, it will get arrested in ureter and sudden severe colicky pain occurs in abdomen (Teevra Vedhana in Nabhi Mehana, Guda) which radiates from loin to groin (Vataja Ashmari- Uretric Calculus). When Stone reaches Urinary Bladder symptoms like burning, sucking type of pain (Dahyathe and Pachyathe) in supra-pubic region (Pittaja Ashmari-Vesicle or Bladder Calculus) will be seen.

CONCLUSION

As the explanations in contemporary science are also based on mainly the symptoms and the characteristics of the calculus, comparative knowledge of it with Ayurveda may help the physician in proper diagnosis of the disease.

By comparing the Lakshanas of Ashmari with Urinary calculus we find that both are similar. By this comparison we may conclude that the Susrutha’s sequential arrangement of types of Ashmari are Kaphaja Ashmari is Renal Calculus (Kidney), Vataja Ashmari is Uretric Calculus (Ureter) and Pittaja Ashmari is Vesicle Calculus (Bladder).

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